से सरकार ने बालिका भ्रूण की सुरक्षा के लिए कदम उठाए है ।

(ग) और (घ) एम0टी0पी0 अधिनियम, 1971 के अधिनियम से सरकार किए गए गर्भपातों की संख्या का मूल्यांकन करने के लिए अनुमोदित एम0टी0पी0 केन्द्रों में चिकित्सीय गर्भ-समापन संबंधी सेवाओं की मानीटरिंग कर रही है । वैसे, अवैध गर्भपातों के कोई पुष्ट आंकड़े नही है । चिकित्सीय गर्भ-समापन अधिनियम, 1971 और नियम और विनियम, 1975 के कार्यान्वयन के माध्यम से केन्द्र और राज्य सरकारें अवैध गर्भपातों के विरुद्ध उपाय कर रही है ।

Children not covered under Pulse Polio

1137. SHRIMATI BASANTI SARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item captioned, "10 million children not covered under Pulse Polio", appeared in the Times of India, dated 18th January, 1999;

(b) if so, the details thereof and the reasons therefor; and

(c) what is the reaction of Government thereto?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) Yes, Sir.

(b) While preliminary reports received from the states indicate 100% coverage under Pulse Polio Immunization (PPI) Programme evaluation of the coverage is being conducted annually through an independent agency. The evaluation for the year 1997-98 indicates 92% of coverage of the children below 5 years of age against the target of 126 million children. Thus it is estimated that about 10 million children did not receive both of the polio doses.

(c) A small perventage of children gets missed out during the PPI drive because of inability of the parents to bring their children to the booths. India is determined to achieve zero incidence of polio by 2000. Government in consultation with national and international experts, has decided upon a strategy for intensifying PPI programme by taking some additional measures over and above the holding of two PPIs in December, and January. On March 14, 1999, one additional round of polio immunization will be conducted through out the states of Bihar, Madhya Pradesh, Uttar Pradesh and Rajasthan where infection is still widespread, while in all other states a population of 100,000 surrounding each positive case of polio will be covered on that day. Such additional rounds are also contemplated in October and N6vember, 1999. Apart from vaccination at booths, the additioal rounds will also include a house to house immunization drive for missed out children.

Increase in malaria incidents in Orissa, Bihar and West Bengal

1138. SHRI ANANTA SETHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the increasing incidents of malaria in the tribal districts of Orissa, Bihar and West Bengal;

(b) whether the death toll due to malaria in these States has been increasing; and

(c) if so, the steps taken to eradicate malaria in these States?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) As per reports received from these States, the incidence of malaria in most of the tribal predominant districts showed a declining trend during 1998 as compared to 1997.

(b) and (c) The reports received from these States indicate that the number of deaths due to malaria remained almost static during the years 1997 and 1998.

However, the steps taken to control malaria include:—

— Early case detection and prompt treatment (EDPT);

Selective and integrated vector control measures with appropriate insecticides in rural areas and with larvicides in urban areas;

Promotion of personal protection methods like use of medicated mosquito nets;

Early detection and containment of epidemics;

Enhanced information, Education and Communication activities to create large-scale public awareness and participation for prevention and control of malariogenic conditions;

Institutional and Management Capacity Building, Trained Manpower Development and efficient Management, Information System; Further, an Enhanced Malaria Control Project with World Bank Support to cover .100 identified hard-core tribal predominant districts of 7 peninsular States namely Andhra Pradesh, Bihar (10 districts), Gujarat, Maharashtra, Madhya Pradesh, Rajasthan and Orissa (22 districts) as well as 19 towns/cities including Calcutta having endemici-ty of malaria is being implemented since September, 1997.

Recognition of dental degrees of foreign universities by D.C.I. 1139. SHRI GOVINDRAM MIRI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Dental Council of India and/or the Ministry has accorded recognition to some dental degrees both under-graduate and post-graduate of foreign universities/colleges, enabling them to practise in India;

(b) if so, the names of such universities, colleges and degrees recognised; and

(c) the detailed procedure for foreign/ Indian dental degree holders of unrecognised universities/colleges following which they can be entitled to practise in India?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) and (b) Details of recognised Dental Qualifications, conferred by foreign Universities are given in the statement (See below).

(c) Graduates holding degrees in Dentistry from foreign Universities or Indian Universities not recognise by the Central Government are not eligible to be registered as Dentists as provided for in the Dentists' Act, 1948.

ANNEXURE-I

Statement

Demists (Act 16 of 1948)

(The Schedule)

PART II

[See sub-section (3) of section 10]

Recognised Denial Qualifications for the purposes of registration when the register is first prepared

	Authority or Institution	Recognised dental qualification	Abbreviation for registration
	1	2	3
1.	The University of Vienna (Austria)	Post-graduate Certificate of Dentistry	Z.D.S. (Vienna).
2.	The Tulane University of Louisin-na (U.S.A.)	Doctor of Dental Surgery	D.D.S. (Louisinna) U.S.A.
3.	Dusseldorf (Germany)	Zshnarzt Diploma	